

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021630  
STATE FILE NUMBER

FILED JUN 16 1958		Registration District No. 128		Primary Registration District No. 2000		Registrar's No. 6041	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Okla</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Adair</u> 8350 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns</u> Length of stay in lb <u>1 day</u>				d. STREET ADDRESS (If outside, give location) <u>575-E. 35th N</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Lou</u> Last <u>Stewart</u>				4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1958</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W/h</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 8-1931</u>	
9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>		IF UNDER 24 HRS Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Stone Co. Mo</u>		11. BIRTHPLACE (City and state or country) <u>U.S</u>	
13a. FATHER'S NAME <u>S. S. Neill</u>				13b. MOTHER'S MAIDEN NAME <u>Lena Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Maynard Stewart</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>487-32-2152</u>		17. INFORMANT <u>Mrs Ardis Stewart</u> Address <u>Adair Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subarachnoid hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congenital aneurysm right middle meningeal artery 330XE</u> DUE TO (c) <u>unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>6 mo. intrauterine normal pregnancy</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8 June 1958</u> to <u>9 June 1958</u> and last saw her alive on <u>9 June 1958</u> Death occurred at <u>7:12 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Do free or title) <u>Francis M. Maple M D</u>				22b. ADDRESS <u>Springfield, Mo.</u>		22c. DATE SIGNED <u>12 June 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 11-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Adair Cemetery</u>		23d. LOCATION (City, town, or county) <u>Adair Mo.</u>	
24. FUNERAL DIRECTOR <u>Everett Cheatham</u> ADDRESS <u>Adair Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-13-58</u>		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 17 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Robert E. Mahleman

Licensed Embalmer No. 4916

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.